

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/521379

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	2			/		
4	2			/		
5	0			/		
6	0			/		
7	0			/		
8	0			/		
9	0			/		
10	0			/		
11	0		/			
12	0					
13	/		/			
14	/			/		
15	2					
16	2					
17	/		/			
18	/		/			
19	2			/		
20	0			/		
21	0			/		
22	0			/		
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49				/		
50				/		
TOTAL IND.			4			
TOTAL DEP.			24			
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						